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| Case Number: | CM13-0055967 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/09/2000 |
| Decision Date: | 04/02/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old male who reported an injury on 10/09/2000. The mechanism of injury was not specifically stated. The patient is diagnosed with postlaminectomy syndrome. The patient was seen by [REDACTED] on 02/14/2013. The patient reported ongoing lower back pain. The patient denied gastritis, constipation, and depression. Physical examination revealed a slightly antalgic gait and tenderness to palpation. Treatment recommendations included continuation of current medication including Miralax and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Polyethylene glycol powder 3350, no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment is recommended with a first-line treatment including

increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. There is no documentation of chronic constipation or gastrointestinal complaints. The patient continues to deny constipation, gastritis, or gastrointestinal events. Based on the clinical information received, the request is non-certified.

Zolpidem 10mg #90 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report difficulty sleeping. The patient only reports sleeping 4 hours per night. There is also no documentation of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.